

CAMPAIGN FINANCE REPORT

PAGE 1 OF 12

(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: 		Report Filed By: 		CANDIDATE ^{1.} 		COMMITTEE ^{2.} <input checked="" type="checkbox"/> 		LOBBYIST ^{3.} 	
Name of Filing Committee, Candidate or Lobbyist: Friends of Charles M. Dertinger									
Street Address: 8541 Delaware Drive									
City: Bangor					State: PA		Zip Code: 18013 -		

TYPE OF REPORT (place X to the right of report type)	5TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	5TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR 		FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: County Council at Large				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO.	DAY	YEAR				
				11	6	07	4	OTH.	DEM	48
(SEE INSTRUCTIONS FOR CODES)										

Summary of Receipts and Expenditures from: 			MO. DAY YEAR			MO. DAY YEAR		
			5 3 07			To 11 26 07		
A. Amount Brought Forward From Last Report				\$ 2070.57				
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 1600.00				
C. Total Funds Available (Sum of Lines A and B)				\$ 3670.57				
D. Total Expenditures (From Schedule III)				\$ 2500—				
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 1170.57				
F. Value of In-Kind Contributions Received (From Schedule II)				\$ 0				
G. Unpaid Debts and Obligations (From Schedule IV)				\$ 500—				

FOR OFFICE USE ONLY

NORTHAMPTON COUNTY
ELECTION OFFICE
EASTON, PA 18042

2007 NOV 30 P 3:42

ENTERED

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

<p>29th day of November</p> <p>Carol A. Cuono</p> <p style="font-size: 0.8em;">Signature</p> <p>My commission expires _____ MO. _____ DAY _____ YR.</p>	<p>COMMONWEALTH OF PENNSYLVANIA</p> <p>NOTARIAL SEAL</p> <p>CAROL A. CUONO, Notary Public</p> <p>Pen Argyl Boro., Northampton County</p> <p>My Commission Expires October 26, 2010</p>	<p>Maria A. Dertinger</p> <p style="font-size: 0.8em;">Signature of Person Submitting Report</p> <p>Maria A. Dertinger</p> <p style="font-size: 0.8em;">Printed Name</p> <p>610 588 9998</p> <p style="font-size: 0.8em;">Area Code Daytime Telephone Number</p>
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PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

<p>29th day of November</p> <p>Carol A. Cuono</p> <p style="font-size: 0.8em;">Signature</p> <p>My commission expires _____ MO. _____ DAY _____ YR.</p>	<p>COMMONWEALTH OF PENNSYLVANIA</p> <p>NOTARIAL SEAL</p> <p>CAROL A. CUONO, Notary Public</p> <p>Pen Argyl Boro., Northampton County</p> <p>My Commission Expires October 26, 2010</p>	<p>Charles M. Dertinger</p> <p style="font-size: 0.8em;">Signature of Candidate</p> <p>Charles M. Dertinger</p> <p style="font-size: 0.8em;">Printed Name</p> <p>610 217 1653</p> <p style="font-size: 0.8em;">Area Code Daytime Telephone Number</p>
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Department of State • Bureau of Commissions, Elections and Legislation
303 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Charles M. Dertinger	Reporting Period From 5/3/07 To 11/26/07
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 100-
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period (2)	\$ 100-

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1000-
All Other Contributions (Part D)	\$ 500-
TOTAL for the Reporting Period (3)	\$ 1500-

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 0-

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 1600-
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period			
Friends of Charles M. Dertinger				From 5/3/07 To 11/26/07			
				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	
Bricklayers + Allied Craftsmen LU5 PAC				11	7	07	\$ 100-
Mailing Address				MO.	DAY	YEAR	\$
2163 Berryhill St.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Harrisburg	PA	17104 -					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 100-

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <u>Friends of Charles M. Dertinger</u>	Reporting Period From <u>5/3/07</u> To <u>11/26/07</u>
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				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	
<u>IBEW LU 102</u>				<u>10</u>	<u>23</u>	<u>07</u>	\$ <u>1,000-</u>
Mailing Address				MO.	DAY	YEAR	\$
<u>P.O. Box 5355, 3695 Hill Rd</u>							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
<u>Parsippany</u>	<u>NJ</u>	<u>07054-</u>					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					

PAGE TOTAL

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

\$ 1000-

PART D
ALL OTHER CONTRIBUTIONS

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OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate Friends of Charles M. Dertinger	Reporting Period From 5/3/07 To 11/26/07
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
Charles M. Dertinger				10	23	07	\$ 500 - Loan
Mailing Address 8541 Delaware Drive				MO.	DAY	YEAR	\$
City Bangor	State PA	Zip Code (Plus 4) 18013 -		MO.	DAY	YEAR	\$
Employer Name Fisk Electric				Occupation Project Manager			
Employer Mailing Address/Principal Place of Business NY, NY							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 500 -

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate

Friends of Charles M. Dertinger

Reporting Period

From 5/3/07 To 11/26/07

To Whom Paid Northampton County Dem. Com.			MO. DAY YEAR 10 23 07	Amount \$ 2500-
Mailing Address 2117 Montgomery St.			Description of Expenditure	
City Bethlehem	State PA	Zip Code (Plus 4) 18017 -		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 2500-

PAGE 12 01 12

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <u>Friends of Charles M. Dertinger</u>	Reporting Period From <u>5/3/07</u> To <u>11/26/07</u>
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Name of Creditor <u>Charles M. Dertinger</u>					Outstanding Balance of Debt <u>\$ 500-</u>	
Mailing Address <u>8541 Delaware Drive</u>	DATE DEBT INCURRED	MO. <u>10</u>	DAY <u>23</u>	YEAR <u>07</u>		
City <u>Bangor</u>		State <u>PA</u>	Zip Code (Plus 4) <u>18013-</u>			

Description of Debt <u>Loan</u>

Name of Creditor					Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4) <u>-</u>			

Description of Debt

Name of Creditor					Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4) <u>-</u>			

Description of Debt

Name of Creditor					Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4) <u>-</u>			

Description of Debt

Name of Creditor					Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4) <u>-</u>			

Description of Debt

Name of Creditor					Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4) <u>-</u>			

Description of Debt

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL <u>\$ 500-</u>
